

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

For my child's participation in activities to be conducted by the Yellow Springs Community Children's Center, I hereby give my permission and consent, now and for all time, to YSCCC and collaborating third parties to make, produce, edit broadcast and video, film, footage, sound tracking recordings, and photo reproductions of me/my child for marketing purposes via print, social media, television, radio and/or sound track recordings.

I DO give permission

Parent/Guardian Signature _____

Date _____

Parent/Guardian Printed Name _____

My Child's Name _____

I DO NOT give permission

Parent/Guardian Signature_____

Date _____

Parent/Guardian Printed Name _____

My Child's Name _____